

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
LEE TERRY FOR CONGRESS

Mailing Address 1107 So. 119th st

City Omaha State NE Zip Code 68144

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Lee TerryCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 02

Transaction ID: D61790

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF LOIS CAPPs

Mailing Address 38 Ivy St SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Lois CappsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D61606

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	8

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MARION BERRY FOR CONGRESS

Mailing Address P.O. BOX 8084

City JONESBORO State AR Zip Code 72403

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Marion BerryCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: D61795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	0	8

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)